

APPLIANCE DEMANUFACTURING ANNUAL REPORT

January 1, ____ – December 31, ____

Due January 31

Permit # _____

Responsible Official: _____

Facility Name: _____

Address: _____

City, State, Zip: _____

Please make address corrections as necessary

Send completed form to:
Energy and Waste Management Bureau
Attn: Chad Stobbe
502 East Ninth Street
Des Moines, Iowa 50319-0034

Attach additional pages if necessary.

Demanufactured Appliances

Number of Times Shipped	Name of Facility	Weight or Number	Name of Transporter	Address of Transporter

If no demanufactured appliances were shipped during this period please indicated as such.

Mercury

Are appliances containing mercury accepted at this facility?

☐ Yes ☐ No

Number of Times Shipped	Name of Facility	Weight or Number	Name of Transporter	Address of Transporter

If no appliances containing mercury were shipped during this period please indicated as such.

Sodium Chromate

Are appliances containing sodium chromate accepted at this facility?

☐ Yes ☐ No

Number of Times Shipped	Name of Facility	Weight or Number	Name of Transporter	Address of Transporter

If no appliances containing sodium chromate were shipped during this period please indicated as such.

In accordance with Iowa Administrative Code 567 Chapter 118.13(1) – A permitted appliance demanufacturing facility shall keep records reflecting the name of the facility/facilities to which appliances were shipped, the date of each shipment, the weight of appliances in each shipment and the name and address of the transporter at the facility for at least three years.

Questions? Call or email: Chad Stobbe, chad.stobbe@dnr.state.ia.us, 515-242-5851

Please mail completed form to: Energy and Waste Management Bureau, 502 East 9th Street, Des Moines, IA 50319

Refrigerants

Are appliances containing refrigerants accepted at this facility?

☐ Yes ☐ No

Shipped to be Reclaimed:

Number of Times Shipped	Name of Facility	Weight or Number	Name of Transporter	Address of Transporter

If no appliances containing refrigerants were shipped to be reclaimed during this period please indicated as such.

Shipped for Disposal:

Number of Times Shipped	Name of Facility	Weight or Number	Name of Transporter	Address of Transporter

If no appliances containing refrigerants were shipped for disposal during this period please indicated as such.

PCB Capacitors & Ballasts

Are appliances containing PCB capacitors and Ballasts accepted at this facility?

☐ Yes ☐ No

Number of Times Shipped	Name of Facility	Weight or Number	Name of Transporter	Address of Transporter

If no appliances containing PCB capacitors and ballasts were shipped during this period please indicated as such.

CERTIFICATION

I certify under penalty of law that I am the owner, operator, or authorized representative of the owner or operator and that I have examined and am familiar with the information reported above, and that I believe the information is true, accurate and complete.

Signature:	Name & Agency of Person Certifying (please type or print)	Date:	Telephone Number:
Email:			Fax:

Additional Comments:

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